

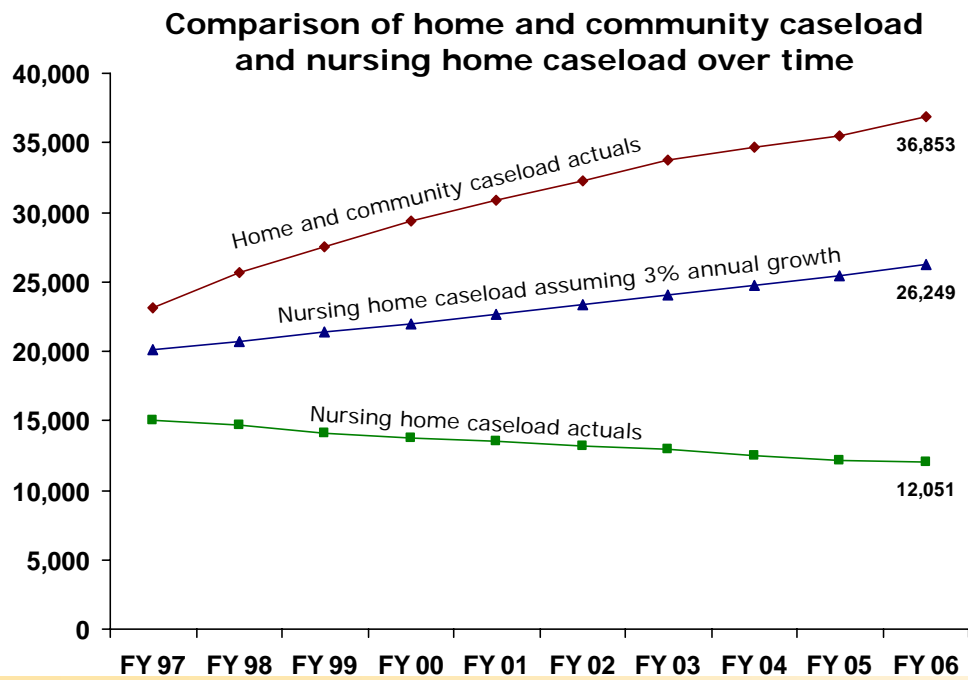
Aging and Disability Services Administration

Additional Information

Can we continue to reduce the Medicaid nursing home caseload?

MEASURE: **Percentage of clients in home and community services continues to increase as more clients are served in the community instead of nursing homes**

- ANALYSIS:
- Nursing homes have an important role in the array of services but it is unclear where the caseload should bottom out. Oregon spends 30% of its long-term care budget on nursing home expenditures while Washington spends 41% of its budget on its nursing home caseload. Nationally, the percentage is 59%.
 - Washington's nursing homes still have a high vacancy rate (13% from 2004 cost reports) so there appears to be room for continued reduction of the caseload without limiting necessary access. In the past six months, we have seen a slight upward movement in the nursing home caseload. ADSA is redoubling its efforts around nursing home relocation. The caseload target is 11,218 for June 2007 (*Caseload Forecast Council, Budget Forecast Feb 2006*).
 - Home and community services continue to be the preferred setting.
 - Work needs to be done to develop services for specialized populations.



ACTIONS	WHO	DUE DATE
Develop reports depicting relocation efforts by case managers to equalize workloads, train, possible corrective action.	HCS Director	Sep 2006
Develop QA monitoring system targeted to Nursing Facility Case Managers.	HCS Director	Dec 2006
Develop budget proposal to expand home and community services for specialty populations including behavioral issues, chemical dependency, TBI, rural resources, etc.	DDD and HCS directors	Sep 2006
Work with Department of Health to prevent certifying additional nursing home beds where sufficient alternatives are available.	Assistant Secretary	Dec 2006

DDD = Division of Developmental Disabilities
HCS = Home and Community Services

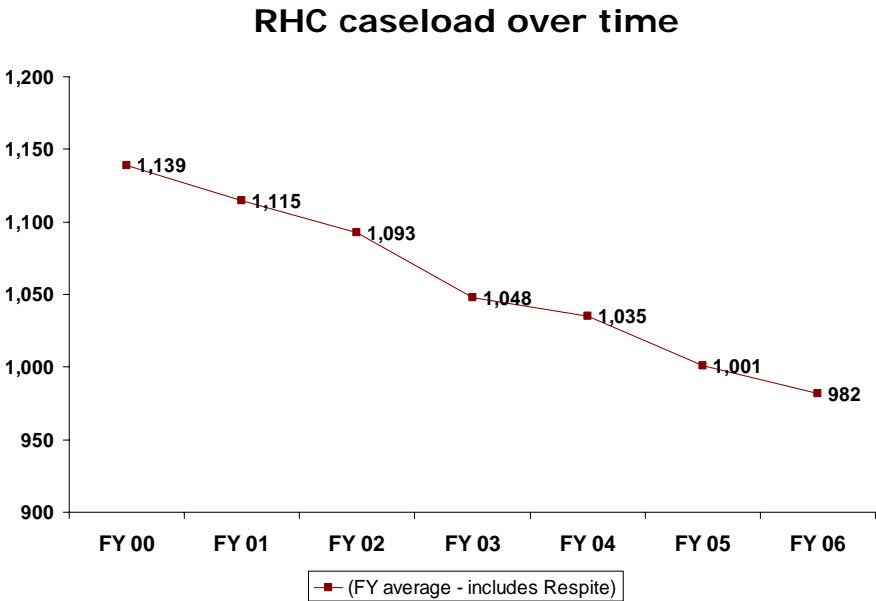
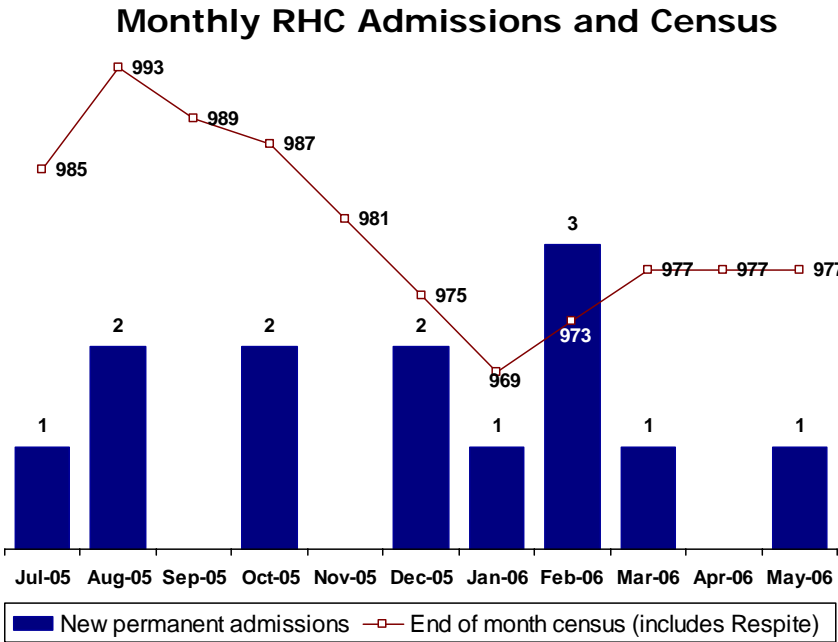
How do we manage Residential Habilitation Center (RHC) capacity?

MEASURE: **Number of RHC admissions**

- ANALYSIS:
- Long-term plan for use of RHCs continues to be negotiated by policymakers.
 - RHC admissions are often individuals who are medically compromised or violent so need extra staff, putting pressure on the RHC budget.
 - ADSA action plan includes steps to enhance community services for individuals in the RHC who might prefer community settings.

ACTIONS	WHO	DUE DATE
Develop decision package for emergency respite capacity in RHCs.	DDD Director	Sep 2006
Continue management review/approval of all RHC admissions.	DDD Director	Ongoing

DDD = Division of Developmental Disabilities

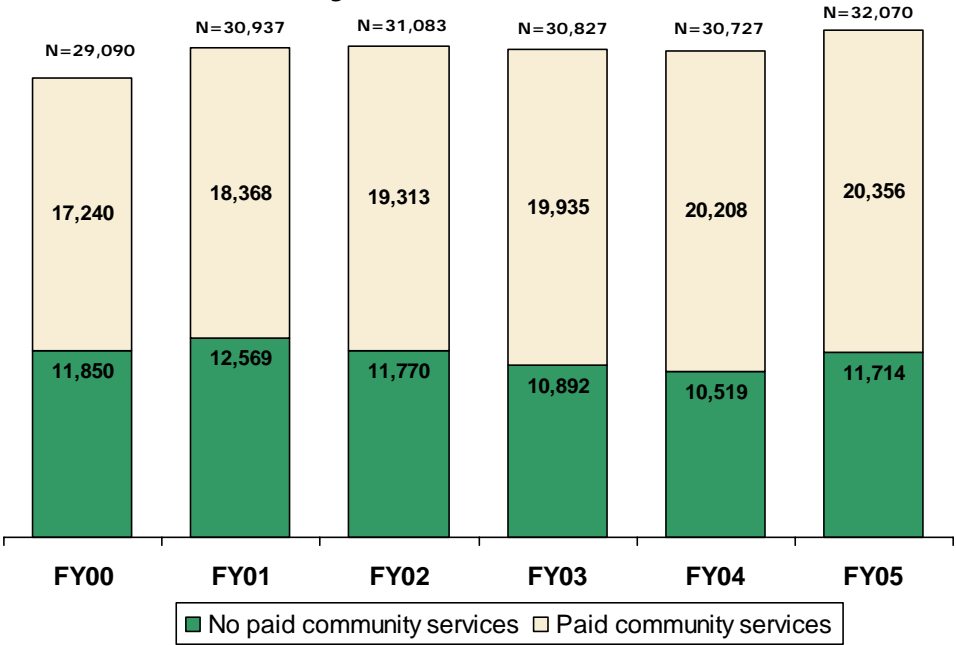


Can we continue to improve access and use of community services for persons with developmental disabilities?

MEASURE: **Community services caseloads over time**

- ANALYSIS:
- Growth in community services is limited by funding constraints including limited proviso slots, waiver slots, budget silos.
 - Completion of additional assessments has revealed increased need for community services. While we believe that it is the appropriate policy to increase community placements, we are watching the budget impact carefully.
 - Additional assessments of DD clients has a potential to increase the Medicaid Personal Care caseload in the long-term care program.

DD community services caseload over time



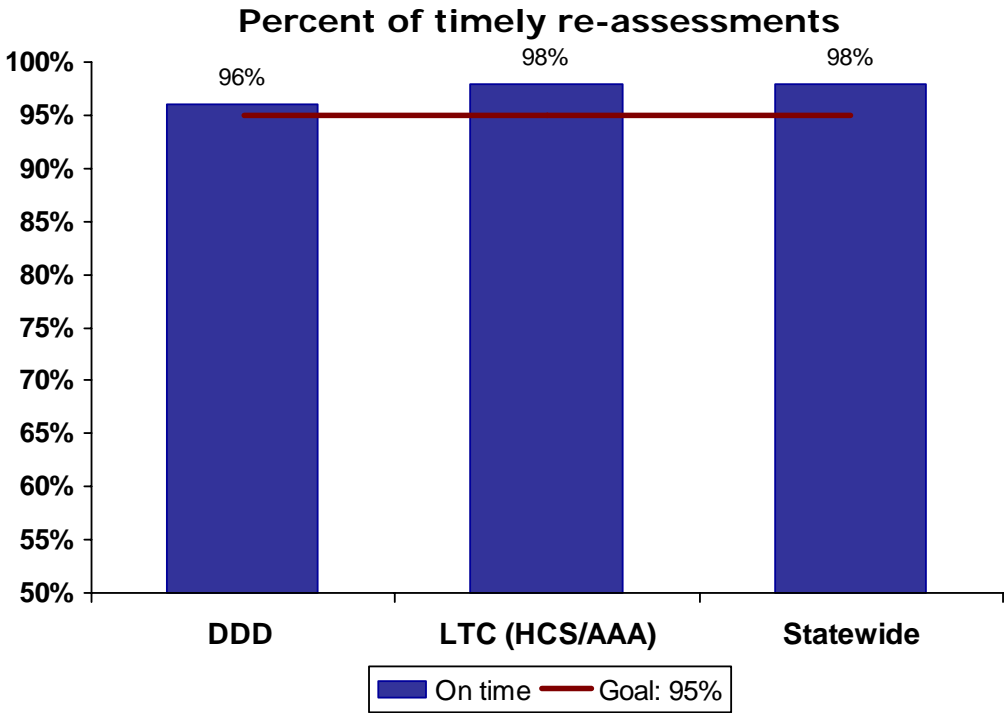
ACTIONS	WHO	DUE DATE
Identify needs of aging caregivers.	DDD Director	Sep 2006
Develop budget request for home and community services specialty populations.	DDD and HCS directors	Sep 2006
Complete assessment of all DD community services clients using new standardized assessment tools to provide assessment consistency across all DD client populations.	DDD Director, MSD Assistant Director	Mar 2007- Dec 2008

DDD = Division of Developmental Disabilities
HCS = Home and Community Services
MSD = Management Services Division

How do we continue to expand preferred options?

MEASURE: **Re-assessments are done timely (DDD and long-term care)**

- ANALYSIS: ■ Re-assessment is a critical tool to ensure needs are being met.
- If done timely, re-assessments help us protect the client’s health and safety by identifying services that fit the client’s current needs. Changes that go unidentified may put the client at risk.
 - Washington’s case management ratios are higher than other states. Recent intensive efforts have improved the timeliness of re-assessments, but this level may not be maintained at current case management ratios.



ACTIONS	WHO	DUE DATE
Monitor and adjust case management ratios as necessary.	Division directors	Quarterly

CASE MANAGEMENT RATIOS FY06

DDD
No paid services: 1:500
Waiver services: 1:75
All others: 1:105

Long-term care
LTC residential: 1:95.5
LTC in-home (AAA's): 1:65

A 2005 survey of other states found that, of states that responded, case management ratios ranged from 70-100 for unpaid services, 43-100 for non-waiver paid services, and 15-90 for waiver services.

DATA NOTES

- On time re-assessments are the count of current Initial, Annual and Significant Change assessments where the completed date of the previous assessment is within 12 months of the current assessment.
- Re-assessment is done annually per federal requirement.
- **SOURCE:** Comprehensive Assessment Reporting Evaluation - March 2006